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&  
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MAY 10 2005

DATE: May 10, 2005  
TO: USPTO - GAU 1762  
FAX: 703.872.9306  
RE: Revocation of Power of Attorney w/ New Power of Attorney  
and Change of Correspondence Address  
FROM: Annie Zohlen

WE ARE SENDING 3 PAGES, INCLUDING THIS COVER PAGE.

Serial No.: 10/667574  
Filed: September 23, 2003

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PTO/SB/82 (09-04)

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/667574
	Filing Date	September 22, 2003
	First Named Inventor	JOHNSTON, Thomas
	Art Unit	1762
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	1163-701USPT

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

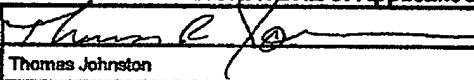
☐ I hereby appoint the practitioners associated with the Customer Number: ☐ Please change the correspondence address for the above-identified application to:☐ The address associated with  
Customer Number: 

OR

<input checked="" type="checkbox"/> Firm or Individual Name	William D. Wiese DuBois, Bryant, Campbell & Schwartz, LLP				
Address	700 Lavaca Street, Suite 1300				
City	Austin	State	Texas	Zip	78701
Country	US				
Telephone	512.381.8028	Fax	512.381.8029		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Thomas Johnston		
Date	5/11/05	Telephone	806-78-1891

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 10 forms are submitted.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 422 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/567574
Filing Date	September 22, 2003
First Named Inventor	JOHNSTON, Thomas
Title	S/M for Removal of Materials ...
Art Unit	1762
Examiner Name	Not Yet Assigned
Attorney Docket Number	1153-701USPT

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
William D. Wiese	45,217

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name William D. Wiese - DuBois Bryant Campbell & Schwartz, LLP

Address 700 Lavaca Street, Suite 1300

City Austin State Texas Zip 78701

Country US

Telephone 512.381.8028 Fax 512.381.8029

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Thomas Johnston</i>	Date	5/17/05
Name	Thomas Johnston	Telephone	804-773-1501
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 10 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 422 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application forms to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/687574
	Filing Date	September 22, 2003
	First Named Inventor	JOHNSTON, Thomas
	Art Unit	1762
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	1153-701USPT

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with Customer Number:

OR

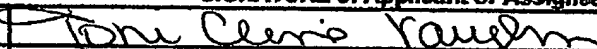
<input checked="" type="checkbox"/> Firm or Individual Name	William D. Wiese DuBois, Bryant, Campbell & Schwartz, LLP				
Address	700 Lavaca Street, Suite 1300				
City	Austin	State	Texas	Zip	78701
Country	US				
Telephone	612.381.8028	Fax	612.381.8029		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		
Name	Toni Cline Vaughn, Executor of the Estate of Timothy Vaughn (inventor)	
Date	4/26/05	Telephone (806) 535-1195

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 10 forms are submitted.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/31 (11-04)  
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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	10/667574
	Filing Date	September 22, 2003
	First Named Inventor	JOHNSTON, Thomas
	Title	S/M for Removal of Materials...
	Art Unit	1762
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	1153-701USPT

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
William D. Wiese	45,217

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

<input checked="" type="checkbox"/> Firm or Individual Name	William D. Wiese - DuBois Bryant Campbell & Schwartz, LLP		
Address	700 Lavaca Street, Suite 1300		
City	Austin	State	Texas
Country	US	Zip	78701
Telephone	512.381.8028	Fax	512.381.8029

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/36)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Toni Cline Vaughn</i>	Date	4/26/05
Name	Toni Cline Vaughn	Telephone	(800) 535-1195
Title and Company	Executor of the Estate of Timothy Vaughn, Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 6 forms are submitted.

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PTO/SB/82 (09-04)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/667674
Filing Date	September 22, 2003
First Named Inventor	JOHNSTON, Thomas
Art Unit	1782
Examiner Name	Not Yet Assigned
Attorney Docket Number	1153-701USPT

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

OR


<input checked="" type="checkbox"/> Firm or Individual Name	William D. Wiese DuBois, Bryant, Campbell & Schwartz, LLP				
Address	700 Lavaca Street, Suite 1300				
City	Austin	State	Texas	Zip	78701
Country	US				
Telephone	512.381.8028	Fax	512.381.8029		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Pete Atwell		
Date	5/2/05	Telephone	214 914 7949

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 10 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/867574
Filing Date	September 22, 2003
First Named Inventor	JOHNSTON, Thomas
Title	S/M for Removal of Materials...
Art Unit	1782
Examiner Name	Not Yet Assigned
Attorney Docket Number	1163-701USPT

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
William D. Wiese	46,217

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

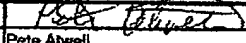
☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	William D. Wiese - DuBois Bryant Campbell & Schwartz, LLP		
Address	700 Lavaca Street, Suite 1300		
City	Austin	State	Texas
Country	US	Zip	78701
Telephone	512.381.8028	Fax	512.381.8029

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	5/2/05
Name	Pete Abwell	Telephone	214 914 7949
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 6 forms are submitted.

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PTO/SB/97 (09-04)

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on MAY 10, 2005  
Date

  
Signature

A. Zohlen

Typed or printed name of person signing Certificate

Registration Number, if applicable

512-381-8088

Telephone Number

SN - 10/667574

Filed - September 23, 2003

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Revocation of POA w/ New POA & Change of  
Correspondence Address executed by inventors.

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